Division at Corporations

0084460

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000115883 3)))



H150001158833ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

Account Name : CORP USA

Account Number: 072450003255

: (305)634~3694

Phone

Fax Number

: (305)633-9696

enter the email address for this business entity to be used for future Tannual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO.

BENAVALOLA, LLC

بربي كرونني جرب كريانت كرياك النتر	
Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe PAGE 01/04

CORP USA

5/12/2015

08/13/5012 12:45

May 13, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: BENAVALOLA, LLC

REF: W15000033762

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Print is too small and dark.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H15000115883 Letter Number: 115A00009976

FECEIVED

15 MAY 13 PH 4: 50
SECRETARY OF STATE

P.O BOX 6327 - Tallahassee, Flonda 32314

7

HISO00115883

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
BENAVALOLA LLC Benavalola, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
2121 East Atlantic Blvd. 2121 East Atlantic Blvd. Glusseppo LaTona Gruse ppe Latona Pompano Beach, Ft 33082 Pompano Beach, Ft 33082. Pompano Beach, Ft 33082 Pompano Beach, Ft 33082. Pompano Beach, Ft 33082 Pompano Beach, Ft 33082.
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Giuneppe Le Torre
Name 75
1201 Einst Sunntee Bled, Unit 4-303
Florida street address (P.O. Box NOT acceptable)
Fon Lauderdaie PL 33304
City
tlaving been named as registered agent and to accept service of process for the above stated limited limiting company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and camplete performance of my duties, and I am familizer with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S) Registered Ason's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

ARTICLE IV- The name and address of each person authorized	to manage and control the Limited Liability Company:	
Title: "AMBR" * Authorized Member "MGR" = Manager	Name and Address:	
MCR	Champeo Latora GIUSEODE LATORA 1201 East Bunton Block Unit 4-003 1/201 East Survise Blvd. Unit 4- Fort Louderdain, PL \$3304 Fort Louderdaile, Pl \$3304	303
William Control of the Control of th		
(Use attachment if necessary)		
(Cae discriment it incompany)		
ARTICLE V: Effective data, if other than the date of filing (If an effective date is listed, the date must be specific at the date of filing.)	g:(OPTIONAL) ud cannot be more than five business days prior to or 90 days at	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
Signature of a member of	an authorized representative of a member.	
On accordance with certified 605 000	03 (1) (b), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true.	
I am aware that any false informati	in a character a dominated to the Light High In Night	
constitutes a third degree felony as	provided for in s.817.155, F.S.)	
Giusappe LaTone	s provided for in s.817.155, F.S.) A or printed name of signee	~
	d or printed name of signee	FILE
••	SSR 7	1
	Filing Pees:	
\$125.00 Filing Fee for Articles of Organization	The transfer of the Breeze and the B	
\$ 30.00 Certified Copy (Optional)	ORF &	
\$ 5.00 Certificate of Status (Optional)	9m 13	5

Page 2 of 2

HIDDOIISB82